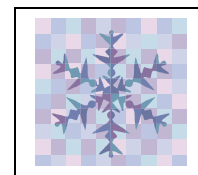


Town of Bedford Recreation and Parks Department



Have the kids had to much time at home this winter?
Not going away but want your kids to have something fun to do?
Are you looking for something special to do with them this Winter Break?

LOOK NO FURTHER

HOLIDAY ICE SKATING



For: All
When: Monday, February 20
Time: 12:45 – 2:45 pm
Where: Harvey Ice Rink
Fee: \$5.00 per person

WINTER RECESS FUN



For: Grades K-5
When: Tuesday, February 21 and Thursday, February 23
Time: 9:00 am - 2:00 pm
Extended Day: 2:00 - 6:00 pm
Where: Bedford Hills Community House
Fee: \$35.00 per day
Extended Day Additional \$25.00 per day
Pizza Lunch can be purchased the day of the program!



WINTER RECESS BOWLING

For: Grades K-5
When: Wednesday, February 22
Time: 9:00 am - 2:00 pm
Extended Day: 2:00 - 6:00 pm
Where: Cortlandt Lanes (2 games and Lunch)
Bus Leaves from Bedford Hills Community House
Fee: \$45.00
Extended Day Additional \$25.00



Winter Recess Fun

(Grades K-5)

Tues. 2/22 & Thurs. 2/24

Hours: 9:00 am-2:00 pm Fee: \$35.00 per day

Extended Day: 2:00-6:00pm

* Must Attend Morning Program to use Extended Day

Winter Bowling

(Grades K-5)

Wed. 2/23

Hours: 9:00am-2:00pm Fee: \$45.00

Fee: \$25.00 per day*

Please Print

Participant's Name _____ D.O.B. _____ Grade _____

Mailing Address _____ Home Phone # _____

Parent Contact _____ Work Phone _____ Cell Phone _____

Emergency Contact _____ Relation _____ Phone # _____

Will your child need to take medicine during activity? YES NO

Does your child have any allergies? YES NO

Food Allergies _____ Drug Allergies _____

Join us for a day (or three) of fun. Children will participate in activities such as arts and crafts, sports, cooking and more. Please mark the days you participating in.

_____ Tuesday, February 22 - (498610 A) Winter Recess Fun

_____ Tuesday Extended Day - (498610 B)

_____ Wednesday, February 23 - (498607 A) - Winter Bowling

_____ Wednesday Extended Day- (498607 B)

_____ Thursday, February 24 – (498613 A) Winter Recess Fun

_____ Thursday Extended Day- (498613 B)

Number of Days _____ Extended Days _____ Total Cost _____

General/Medical Release: I hereby certify that my child is in normal physical and mental health. I also understand that the Town of Bedford does not maintain medical insurance for program participants.

Persons participating do so at their own risk. If I cannot be reached, in the event of an injury/illness, I give my permission for my child to be taken to a hospital for evaluation and treatment, which may include x-ray(s), and needed care. In addition, my signature below gives permission for my child to participate in all activities. I understand the department may use photos taken during events unless I notify them in writing.

Parent/ Guardian Signature _____ Date _____